

Colleen Mitchell  
[REDACTED]  
[REDACTED], Illinois [REDACTED]

June 25, 2007

**VIA CERTIFIED MAIL  
RETURN RECEIPT REQUESTED**

Experian/NCAC  
P.O. Box 9556  
Allen, TX 75013

**RE: Colleen Mitchell, Experian Credit Report No. 0025245377**

I recently pulled a copy of my credit report dated June 6, 2007, through Experian, and noticed that a collection account allegedly owed to Marauder Corporation (Acct. No. 5106456), pertaining to a debt allegedly owed originally to "Med1 12 MCJM Inc. American Medical MA" in the amount of \$1,305, is incorrectly listed on my credit report, showing a current balance due of \$3,481. A copy of the relevant portion of my credit report is enclosed.

Several years ago I incurred a debt for medical services to American Medical Management/MCJM, Inc., for approximately \$1,305. A claim for coverage of this debt was submitted to my insurance carrier at the time, the Structural Iron Workers Local #1 Welfare Fund, however my insurance company did not initially pay the amount of the claim. See, enclosed letter from American Medical Management, Inc. dated September 30, 2004.

Thereafter, this account was referred to Marauder Corporation, also known as "Nationwide Capital Recovery" and as "Collection Professional Services," and although the original amount of the debt was \$1,305, Marauder Corporation/Nationwide Capital Recovery inexplicably began demanding payment for a total of \$3,256.39 – which included nondescript collection charges totaling \$1,951.39 – collection charges that it had no right to seek and which were more than the underlying debt. See, enclosed March 10, 2005 collection letter from Marauder Corporation/Nationwide Capital Recovery.

After several disputes, the original debt was paid by my insurance carrier in July 2006. See, enclosed July 19, 2006 letter and proof of payment from insurance administrators to Marauder Corporation/Nationwide Capital Recovery. Thus, this account should never have been reported on my credit report, as it was paid in full by my insurance carrier.



Experian/NCAC  
June 25, 2007  
Page Two

With your help, I expect that this account will be investigated and ultimately deleted from my credit report. I have copied this letter to Marauder Corporation as well. Please contact me as soon as possible regarding this matter.

Very truly yours,

A handwritten signature in cursive script that reads "Colleen Mitchell".

Colleen Mitchell  
Enclosures

**CC: VIA CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**  
Ryon Gambill  
Marauder Corporation  
74-923 Hwy 111  
Suite 218  
Indian Wells, California 92210


[X Close window](#)

## Online Personal Credit Report from Experian for

Experian credit report prepared for

**COLLEEN MITCHELL**

Your report number is

**0025245377**

Report date:

**06/06/2007**

### Index:

- [Potentially negative items](#)
- [Accounts in good standing](#)
- [Requests for your credit history](#)
- [Personal information](#)
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- [Contact us](#)
- [Know your rights](#)



Experian collects and organizes information about you and your credit history from public records, your creditors and other reliable sources. Experian makes your credit history available to your current and prospective creditors, employers and others as allowed by law, which can expedite your ability to obtain credit and can make offers of credit available to you. We do not grant or deny credit; each credit grantor makes that decision based on its own guidelines.

To return to your report in the near future, log on to [www.experian.com/consumer](http://www.experian.com/consumer) and select "View your report again" or "Dispute" and then enter your report number.

If you disagree with information in this report, return to the Report Summary page and follow the instructions for disputing.

## Potentially Negative Items

[back to top](#)

### Credit Items

For your protection, the last few digits of your account numbers do not display.

#### ACCESS CREDIT UNION

*This item is currently being investigated.*

Address: [REDACTED] Account Number: [REDACTED]

[REDACTED]

No phone number available

Status: [REDACTED]

Status Details: [REDACTED]

Date Opened:

[REDACTED]

Type:

[REDACTED]

Credit Limit/Original Amount:

[REDACTED]

Reported Since:

[REDACTED]

Terms:

[REDACTED]

High Balance:

[REDACTED]

Date of Status:

[REDACTED]

Monthly Payment:

[REDACTED]

Recent Balance:

[REDACTED]

Last Reported:

[REDACTED]

Responsibility:

[REDACTED]

Recent Payment:

[REDACTED]

#### Account History:

[REDACTED]

#### CAP ONE BK

Address: [REDACTED] Account Number: [REDACTED]

[REDACTED]

[REDACTED]

Status: [REDACTED]

Date of Status:	Monthly Payment:	Recent Balance:
Last Reported:	Responsibility:	Recent Payment:

Account History:

Balance History:

KOHLS/CHASE

Address:	Account Number:
No phone number available	
Status:	

Date Opened:	Type:	Credit Limit/Original Amount:
Reported Since:	Terms:	High Balance:
Date of Status:	Monthly Payment:	Recent Balance:
Last Reported:	Responsibility:	Recent Payment:

Creditor's statement:

Account History:

MARAUDER CORPORATION

Address:	Account Number:
74923 HIGHWAY 111	5106456
INDIAN WELLS, CA 92210	
No phone number available	
Status: Collection account.	

Original Creditor:  
MCJM INC / AMERICAN MEDICAL MA

Status Details: This account is scheduled to continue on record until Oct 2011.  
This item was verified on Jun 2007 and remained unchanged.

Date Opened:	Type:	Credit Limit/Original Amount:
02/2005	Collection	\$1,305

Reported Since:  
12/2006  
Date of Status:  
12/2006  
Last Reported:  
05/2007

Case 1:06-cv-01233  
Terms:  
1 Months  
Monthly Payment:  
\$0  
Responsibility:  
Individual

Document 9  
High Balance:  
NA  
Recent Balance:  
\$3,481 as of 05/2007  
Recent Payment:  
\$0

Page 5 of 12

Account History:  
Collection as of May 2007, Dec 2006

## Accounts in Good Standing

[back to top](#)

### ABN AMRO MORTGAGE GROUP

Address: [REDACTED] Account Number: [REDACTED]

[REDACTED]

[REDACTED]

Status: [REDACTED]

Status Details: [REDACTED]

Date Opened:

Reported Since:

Date of Status:

Last Reported:

Type:

Terms:

Monthly Payment:

Responsibility:

Credit Limit/Original Amount:

High Balance:

Recent Balance:

Recent Payment:

### AMEX

Address: [REDACTED] Account Number: [REDACTED]

[REDACTED]

[REDACTED]

Status: [REDACTED]

Status Details: [REDACTED]

Date Opened:

Reported Since:

Date of Status:

Last Reported:

Type:

Terms:

Monthly Payment:

Responsibility:

Credit Limit/Original Amount:

High Balance:

Recent Balance:

Recent Payment:

Your statement:

[REDACTED]

### AMEX

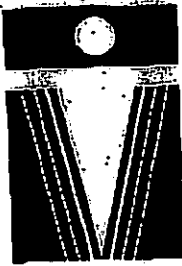
Address: [REDACTED] Account Number: [REDACTED]

[REDACTED]

[REDACTED]

Status: [REDACTED]

Status Details: [REDACTED]



american  
medical  
management  
inc.

September 30, 2004

Mrs. Colleen Mitchell  
[REDACTED]  
[REDACTED] IL [REDACTED]

Dear Mrs. Mitchell:

Your account has a balance of \$1,305.00 which dates back to 2002 which represents unpaid claims by Structural Iron Workers Fund. You have received EOB's from your insurance company.

Our offices have closed. All money matters are being handled by our legal department. Please mail your check to:

American Medical Management Inc.  
1954 First Street - #214 Legal Department  
Highland Park, IL 60035

We are making a one-time offer to allow you to deduct 30% if your payment is received by October 31, 2004.

Doing nothing about your account is no longer an option. On October 31, 2004 we will refer your total outstanding balance to our collection agency and fully intend to pursue all means possible up to and including judgment. If you make this necessary, all collection costs will be your responsibility as per your signed personal liability consent form.

We willingly extended treatment prior to payment with your signature of guarantee. We trust you will take responsibility and take care of this matter promptly to avoid further action.

Very truly yours,

M. Murgo  
Legal Department

111 n. wabash  
chicago, illinois  
60602

tel: 312-368-8446  
fax: 312-368-9544

2720 river road  
suite 254  
des plains, illinois  
60018

tel: 847-298-8446  
fax: 847-298-8530

246 e. janata blvd.  
suite 110  
lombard, illinois  
60148

tel: 630-627-8446  
fax: 630-627-2944

74-923 HWY 111  
INDIAN WELLS, CA  
92210  
Phone:1-800-460-0082  
Fax:1-760-343-5155

MITCHELL, COLLEEN

March 10, 2005

[REDACTED]  
[REDACTED], IL [REDACTED]

RE: AMERICAN MED. MGMT./MCJM, INC  
CASE#: 5106456  
BALANCE: \$3,256.39

We have been instructed to collect the above debt. Before we proceed, we want to give you reasonable notice. Recovery action will be commenced in thirty-one(31) days if you have not paid us in full by that time.

*Send us the full amount now or telephone us today at 800-460-0082 to arrange settlement. If you act now it may not be necessary for litigation to ensue.*

**This is a demand for immediate payment.**

NATIONWIDE CAPITAL RECOVERY  
Randy Hoffenauer  
COLLECTIONS MANAGER

Unless this account or any portion thereof is disputed within 30 days from receipt of this notice, we will assume this debt to be valid. If you dispute this debt or any portion thereof within this 30 day time period we will furnish at your written request, a verification of this debt, or the name and address of the original creditor. This is an attempt to collect a debt. Any information obtained will be used for that purpose.

Page 8



## Group Administrators, Ltd.

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COBRA Administration

July 19, 2006

Nationwide Recovery  
Attn: Randy Hoffenauer  
74-923 HWY 111  
Indian Wells, CA 92210

Re: American Medical Management/MCJM, Inc.  
Case # 5106456  
Colleen Mitchell  
Dates of Service: 10/01/02 through 12/03/02  
Structural Iron Workers Local #1 Welfare Fund

Dear Mr. Hoffenauer:

The Structural Iron Workers Local #1 Welfare Fund received total billings for the above service dates from American Medical Management/ MCJM, Inc. in the amount of \$1,105.00. No claims in excess of this amount have ever been filed with the Fund with respect to treatment of Colleen Mitchell. Enclosed are two separate checks with Explanations of Benefits (EOBs) attached making payment in full of the \$1,105.00 in claims actually filed with the Plan.

Your correspondence of March 10, 2005, to Colleen Mitchell indicates a balance of \$3,256.39. American Medical Management never submitted claims totaling this amount to the Fund. Any claims alleged submitted in excess of the actual \$1,105.00 must be documented with proof acceptable to the Fund trustees of submission in a timely manner. Under the terms of the Fund's Plan, claims must be submitted within 12 months of the date incurred.





Page 2  
July 19, 2006  
Nationwide Recovery  
Ms. Colleen Mitchell

The enclosed checks totaling \$1105.00 are in full satisfaction of claims actually submitted to the Plan.

On Behalf of Structural iron Workers Local #1 Welfare Fund,

Very truly yours,

Barbara L. Wieda  
Vice President

Cc: Ms. Colleen Mitchell

[REDACTED]  
[REDACTED] IL [REDACTED]

Mr. Steve Bukovac  
Structural Iron Workers Local Union #1  
7700 Industrial Drive  
Forest Park, IL 60130

STRUCTURAL IRON WORKERS LOCAL #1

WELFARE FUND CLAIMS ACCOUNT

7700 INDUSTRIAL DRIVE  
FOREST PARK, IL 60130

BSN/ID/IN	MD/PC/CD

Payable Through  
LASALLE BANK  
CHICAGO, IL

CHECK NO.	0000047480
CHECK DATE	07/18/06
Valid after 6 months	
PAY THIS AMOUNT	
\$****965.00	

PAY NINE HUNDRED SIXTY FIVE &amp; NO/100 DOLLARS

TO THE  
ORDER OFNATIONWIDE RECOVERY ON BEHALF OF  
AMERICAN MEDICAL MANAGEMENT

74-923 HWY 111

INDIAN WELLS, CA 92210

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

NATIONWIDE RECOVERY ON BEHALF OF  
AMERICAN MEDICAL MANAGEMENT  
74-923 HWY 111  
INDIAN WELLS, CA 92210

## GROUP ADMINISTRATORS, LTD.

450 E. Remington Road  
SCHLAUMBURG, IL 60173-4540  
(847) 519-1880

## PROVIDER PAYMENT REPORT

PAGE : 1  
CHECK NO : 47480  
DATE PAID : 07-18-06  
GROUP :  
DIVISION :

PATIENT ACCOUNT NO	CLAIM	DATES OF SERVICE	PROC CODE	TYPE OF SERVICE	TOTAL CHARGE	PROVIDER DISCOUNT	INELIGIBLE AMOUNT CD	DEDUCT	COINS COPAY	OTHER CARRIER	BENEFIT PAID
MITCHEL03		10/01-10/01/02			225.00	0.00	0.00	0.00	0.00	0.00	225.00
MITCHELL, JAMES		Spouse		COLLEEN J.	225.00	0.00	0.00	0.00	0.00	0.00	225.00
MITCHEL03		10/08-10/08/02			90.00	0.00	0.00	0.00	0.00	0.00	90.00
		10/08-10/08/02			50.00	0.00	0.00	0.00	0.00	0.00	50.00
MITCHELL, JAMES		Spouse		COLLEEN J.	140.00	0.00	0.00	0.00	0.00	0.00	140.00
MITCHEL03		11/05-11/05/02			150.00	0.00	0.00	0.00	0.00	0.00	150.00
		11/05-11/05/02			50.00	0.00	0.00	0.00	0.00	0.00	50.00
MITCHELL, JAMES		Spouse		COLLEEN J.	200.00	0.00	0.00	0.00	0.00	0.00	200.00
MITCHEL03		11/19-11/19/02			150.00	0.00	0.00	0.00	0.00	0.00	150.00
		11/19-11/19/02			50.00	0.00	0.00	0.00	0.00	0.00	50.00
MITCHELL, JAMES		Spouse		COLLEEN J.	200.00	0.00	0.00	0.00	0.00	0.00	200.00
MITCHEL03		12/03-12/03/02			150.00	0.00	0.00	0.00	0.00	0.00	150.00
		12/03-12/03/02			50.00	0.00	0.00	0.00	0.00	0.00	50.00
MITCHELL, JAMES		Spouse			200.00	0.00	0.00	0.00	0.00	0.00	200.00
TOTALS					965.00	0.00	0.00	0.00	0.00	0.00	965.00

SEE REVERSE SIDE

FACTS 0403

STRUCTURAL IRON WORKERS LOCAL #1  
WELFARE FUND CLAIMS ACCOUNT  
7700 INDUSTRIAL DRIVE  
FOREST PARK, IL 60130

ISSUED	RECEIVED

Payable Through  
LASALLE BANK  
CHICAGO, IL

CHECK NO.	0000047481
CHECK DATE	07/18/06
Valid after 6 months	
PAY THIS AMOUNT	
\$ 140.00	

PAY ONE HUNDRED FORTY & NO/100 DOLLARS

TO THE ORDER OF AMERICAN MEDICAL MANAGEMENT IN  
1954 FIRST ST  
HIGHLAND PARK, IL 60035



THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

[Redacted]

AMERICAN MEDICAL MANAGEMENT IN  
1954 FIRST ST  
HIGHLAND PARK, IL 60035

GROUP ADMINISTRATORS, LTD.  
450 E. Romington Road  
SCHAUMBURG, IL 60173-4540  
(647) 519-1800

PAGE : 1  
CHECK NO : 47481  
DATE PAID : 07-18-06  
GROUP :  
DIVISION :

PROVIDER PAYMENT REPORT

PATIENT ACCOUNT NO	CLAIM	DATES OF SERVICE	PROC CODE	TYPE OF SERVICE	TOTAL CHARGE	PROVIDER DISCOUNT	INELIGIBLE AMOUNT	DEDUCT CD	COINS COPAY	OTHER CARRIER	BENEFIT PAID
MITCHEL03		10/15-10/15/02			90.00	0.00	0.00	0.00	0.00	0.00	90.00
		10/15-10/15/02			50.00	0.00	0.00	0.00	0.00	0.00	50.00
MITCHELL, JAMES		Spouse		COLLEEN J.	140.00	0.00	0.00	0.00	0.00	0.00	140.00
	TOTALS				140.00	0.00	0.00	0.00	0.00	0.00	140.00

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Postage	\$ .58
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.38

Postmark  
Here

Sent To Experian/NCAC  
Street, Apt. No.,  
or PO Box No. P.O. Box 9556  
City, State, ZIP+4 Allen, Texas 75013  
PS Form 3800, August 2006 See Reverse

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Experian/NCAC  
P.O. Box 9556  
Allen, Texas 75013

COMPLETE THIS SECTION ON DELIVERY

A. Signature EXPERIAN  
701 EXPERIAN PARKWAY  
X ☒ Agent ☐ Addressee

B. Received by (Printed Name) John M. Swanson C. Date of Delivery 09/20/07

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service label)

7007 0220 0004 7398 7567

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.38

Postmark  
Here

Sent To Ryon Gambill, Marauder Corp  
Street, Apt. No.,  
or PO Box No. 74-923 Hwy 11, Ste. 218  
City, State, ZIP+4 Indian Wells, CA 92210  
PS Form 3800, August 2006 See Reverse

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Ryon Gambill  
Marauder Corporation  
74-923 Hwy 11  
Suite 218  
Indian Wells, California 92210

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature]  
X ☒ Agent ☐ Addressee

B. Received by (Printed Name) T. Coburn C. Date of Delivery 7-8-08

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service label)

7007 0220 0004 7398 7550

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154